

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32094

FILED
May 02, 2005
Secretary of State

Entity Name: LIGHTHOUSE APOSTOLIC CHURCH, INC.

Current Principal Place of Business:

C/O CHARLES SNYDER
5460 COLLINS CHAPEL RD
MALONE, FL 32445

New Principal Place of Business:

C/O CHARLES SNYDER
4820 HWY 90
MARIANNA, FL 32446

Current Mailing Address:

C/O CHARLES SNYDER
5460 COLLINS CHAPEL RD
MALONE, FL 32445

New Mailing Address:

C/O CHARLES SNYDER
P.O. BOX 5972
MARIANNA, FL 32447

FEI Number: 59-2980424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SNYDER, CHARLES
5460 COLLINS CHAPEL RD
MALONE, FL 32445 US

Name and Address of New Registered Agent:

SNYDER, CHARLES
P.O. BOX 5972
MARIANNA, FL 32447 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLES SNYDER

05/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SNYDER, CHARLES,
Address: PO BOX 537 N/A
City-St-Zip: MALONE, FL

Title: D () Delete
Name: PADGETT, CHARLES W.,
Address: PO BOX 537 N/A
City-St-Zip: MALONE, FL

Title: T () Delete
Name: KITCHENS, DANIEL
Address: PO BOX 537
City-St-Zip: MALONE, FL 32445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SNYDER, CHARLES,
Address: PO BOX 5972 N/A
City-St-Zip: MARIANNA, FL 32447

Title: D (X) Change () Addition
Name: PADGETT, CHARLES W.,
Address: PO BOX 5937
City-St-Zip: MARIANNA, FL 32447

Title: T (X) Change () Addition
Name: KITCHENS, DANIEL
Address: PO BOX 5972
City-St-Zip: MARIANNA, FL 32447

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SNYDER

PD

05/02/2005

Electronic Signature of Signing Officer or Director

Date